

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

12798

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kanaw Primary Registration District No. 102

City Kansas City, Mo. (No. 3714 Broadway)

File No. 11527

Registered No. 11527

St. _____ Ward _____

2. FULL NAME

Charles L. Wood

(a) Residence. No. 3714 Broadway St. 5 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Eva Graham Wood

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 3rd, 1862

7. AGE

YEARS 68

MONTHS 3

DAYS 16

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Hotel Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

92

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Bunker Hill

(STATE OR COUNTRY)

Ills

10. NAME OF FATHER

John Wood

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

England

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Marinda Judd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ills

(STATE OR COUNTRY)

14. INFORMANT

Eva Graham Wood

(Address)

3714 Broadway

15. FILED

4/20 1930 M. M. Crowe

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-19 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1930, to Apr 19, 1930

that I last saw him alive on Apr 17, 1930, and that death occurred, on the date stated above, at 6:38 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Left Hemiplegia (Cerebral) Myocardial infarct nephritis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

Fract of 4th lumbar vertebra (duration) 7 yrs. 8 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) David P. Reuser, M. D.

4/20 1930 (Address) 190 No

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Washingt. Cemetery April 21 1930

20. UNDERTAKER

ADDRESS

John W. Wagner 1409 Grand Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

